COMPLETE IF KNOWN

ENP-044

Nha Huu Vo

PTO/SB/01 (03-01)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION FOR UTILITY OR

DESIGN

PATENT APPLICATION (37 CFR 1.63)

Attorney Docket Number

First Named Inventor

Application Number

X Declaration	Declaration	Filing Date	Nov	ember 7, 2002					
Submitted OR	Submitted after Initial	Group Art Unit	ТВ	D					
with Initial Filing	Filing (surcharge (37 CFR 1.16 (e)) required)	Examiner Name	ТВІ						
As a below named inventor, I hereby declare that:									
My residence, mailing address, an	My residence, mailing address, and citizenship are as stated below next to my name.								
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural									
names are listed below) of the sub	names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:								
Novel Anhydrolide Derivatives Having Antibacterial Activity									
	(Title of the	Invention)							
the specification of which	·								
x is attached hereto				,					
OR			,						
was filed on (MM/DD/YYYY)		as United Sta	ates Application N	Number or PCT International					
			~ ·	(if applicable)					
Application Number	Application Number and was amended on (MM/DD/YYYY) (if applicable).								
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.									
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation- in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.									
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.									
Prior Foreign Application Number(s)		Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO					
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:									

PTO/SB/01 (03-01)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: Customer Number or Bar Code Label OR X Correspondence address below							
Stacie S. Capotosto							
Enanta Pharmaceuticals, Inc., 500 Arsenal Street							
City	Watertown		State	МА	02472 ZIP		
Country	USA Tel	(617)- ephone	607-0800 Fax (617)-607-0535				
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
NAME OF SO	LE OR FIRST INVENTOR :	A petition h	as bee	n filed for this un	signed inventor		
Given Name (first and middle	Given Name (first and middle [if any]) Family Name VO or Surname						
Inventor's Signature Date 11/7/02							
Residence: City	Malden	MA State		USA Country	US Citizenship		
Mailing Address 92 Devir Street Apartment 404							
City	Malden	MA State		02148 ZIP	Country		
NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor							
Given Name Ying Family Name HOU (first and middle [if any]) or Surname							
Inventor's Signature Date 11/07/02							
Residence: City	/ Everett	MA State	Co	USA	CHINA Citizenship		
Mailing Address 53A Floyd Street							
City	Everett	MA State	ZIF	02149	USA Country		
X Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.							

Please	type a	plus	sign	(+)	inside this box	→	+
--------	--------	------	------	-----	-----------------	----------	---

PTO/SB/02A (11-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 1

Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor							
Given Name (first and middle [if any	/])		Family Name or Surname				
Ly Tam			Phan				
Inventor's Signature			NOV 7 02				
Residence: City Malder	State MA		Country USA		Citizenship US		
Mailing Address 66 Devir Street							
Apt. 211 Mailing Address							
_{City} Malden	State MA		ZIP 02148	ountr	y USA		
Name of Additional Joint Inventor, if a	ny:	A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any	Family Name or Sumame						
Yat Sun Or							
Inventor's Signature	-				Date 11/7/02		
Residence: City Watertown	State MA		Country USA		Citizenship US		
Mailing Address 169 Fayette Street							
Mailing Address							
Watertown City	State MA		02472 ZIP	Cou	ntry USA		
Name of Additional Joint Inventor, if any:							
Given Name (first and middle [if any])			Family Name or Surname				
Inventor's Signature		Date					
esidence: City State			Country	Citizenship			
Mailing Address							
Mailing Address							
City	State		ZIP	Co	untry		

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.